

Department of Health /Department of Workforce Services
AFFIDAVIT OF CITIZENSHIP/ALIEN STATUS

Case Name: _____

Case Number: _____

U.S. citizenship or legal immigration status must be declared for every person who receives Medicaid benefits. You have requested medical benefits for a new person(s) in your household. One adult in the household is required to declare the citizenship or immigration status for new household members. Please list all new household members and check the box which shows their citizenship or immigration status. Complete the form by signing below.

NAME: _____

Check one Box

- ☐ U.S. Citizen or National
- ☐ Alien Lawfully Admitted for Permanent Residence Date of Entry _____
- ☐ Other - Specify USCIS Status _____
- Alien Registration Number _____

NAME: _____

Check one Box

- ☐ U.S. Citizen or National
- ☐ Alien Lawfully Admitted for Permanent Residence Date of Entry _____
- ☐ Other - Specify USCIS Status _____
- Alien Registration Number _____

NAME: _____

Check one Box

- ☐ U.S. Citizen or National
- ☐ Alien Lawfully Admitted for Permanent Residence Date of Entry _____
- ☐ Other - Specify USCIS Status _____
- Alien Registration Number _____

I declare, under penalty of perjury, that the person or persons named above are citizens of the United States or have been given legal immigration status. I understand that household members who do not meet this requirement are not eligible for regular Medicaid benefits but may be eligible for emergency Medicaid services. I or any member of my household will be subject to proof of our citizenship or legal immigration status through the Immigration and Naturalization Services (USCIS) by the Utah Department of Health. I understand that any incorrectly reported information may affect my eligibility for benefits.

Adult Signature _____ Date _____